



**OFFICE OF THE
ILLINOIS ATTORNEY GENERAL**

HEALTH CARE BUREAU

COMPLAINT FORM

COMPLAINANT			
Your Name		Day Telephone No.	
Mailing Address		Night Telephone No.	
City/Town	State	ZIP Code	
Patient's Name	SS#	Date of Birth	
INSURANCE INFORMATION			
Insurance Co. Name	Address	Phone	Type of Plan (HMO, PPO, etc.)
Policy Holder	ID#	Group	
YOUR COMPLAINT IS AGAINST (RESPONDENT)			
Name		Telephone No.	
Street Address		Date of Service	
City/Town	State	ZIP Code	
Briefly describe your complaint/claim: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

RETURN TO: OFFICE OF THE ILLINOIS ATTORNEY GENERAL

Health Care Bureau
100 West Randolph Street, 12th Floor
Chicago, Illinois 60601
Hotline No. 1-877-305-5145 TTY 800-964-3013
Fax No. 312-793-0802

You will receive an acknowledgment letter upon receipt of your complaint.